

Lake County Children and Families Commission

TIME FOR



OUR CHILDREN

Strategic Plan

June 2000

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I. Introduction

“The California Children and Families Act of 1998 is designed to provide, on a community-by-community basis, all children prenatal to five years old with a comprehensive, integrated system of early childhood development services. Through health care, quality child care, parent education and effective intervention programs for families at risk, children and their parents and caregivers will be provided with the tools necessary to foster secure, healthy and loving attachments. These attachments lay the emotional, physical and intellectual foundation for every child to enter school ready to learn and develop the potential to become productive, well-adjusted members of society.” *California Children and Families Commission, Guidelines: A Resource for Developing Prop. 10 Strategic Plans*, pg. 3

The State Commission has identified three strategic results that emanate from the Act:

1. Improved Family Functioning: Strong Families;
2. Improved Child Development: Children Learning and Ready for School; and
3. Improved Child Health: Healthy Children.

The State Commission has encouraged County Commissions to consider these strategic results while planning programs, services and projects that *promote, support and improve early childhood development to enhance the intellectual, social, emotional and physical development of children in California* (Health and Safety Code Section 130125 (b)).

Under the Children and Families Act of 1998, each County Commission is required to develop a comprehensive, integrated strategic plan to implement the Act and achieve its desired strategic results.

Health and Safety Code Section 1301140(1)(C)(ii) of the Act requires County Commission strategic plans to include, at a minimum, the following components:

- 1. A description of the goals and objectives proposed to be attained;**
- 2. A description of the programs, services and projects proposed to be provided, sponsored or facilitated;**
- 3. A description of how measurable outcomes of such programs, services and projects will be determined by the County Commission using appropriate reliable indicators; and**
- 4. A description of how programs, services and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system.**

II. Vision and Mission

Based on this guidance from the State Commission, the Lake County Children and Families Commission initiated a process to develop a strategic plan to locally implement the Children and Families Act of 1998.

Among its first activities, the Lake County Commission developed and adopted the following vision and mission to guide its planning and implementation functions.

Lake County Children and Families Commission

Vision

All Lake County children will grow up in safe, supportive and healthy environments, and enter school healthy and ready to learn.

Lake County Children and Families Commission

Mission

To ensure the healthy development of all children ages prenatal to 5. This will be achieved by developing a comprehensive, family-centered system of early childhood development services. The integration of high quality, easily accessible, education, quality child care, support, and health and human services will promote stronger families and communities.

III. Lake County's Approach to Strategic Planning

The Lake County Commission utilized the consulting services of the Berkeley-based International Child Resource Institute to gather information, conduct community-input sessions, develop recommended goals and objectives, draft the strategic plan, and conduct a public hearing process.

ICRI employs a Management by Objectives outcomes-based approach to planning. This approach was modified to parallel the *Results Accountability Framework*, developed by Mark Friedman of the Fiscal Studies Policy Institute. This structure was utilized to develop the elements of the Lake County strategic plan.

The Commission and its consultants conducted an intense community effort to develop its assessment of the needs and opportunities in the community related to children prenatal to age five. From analysis and discussion of these findings, DRAFT goals, objectives, desired outcomes, and indicators were developed. The needs identified are for all children age prenatal to age five and their families in Lake County. Opportunities represent local conditions that provide potential for positive change for families and children. Gaps in services represent barriers for families to having their needs met in the local community.

The consultants engaged in the following steps to gather information, develop its recommendations and draft the strategic plan:

- Information was gathered about programs, services and resources currently available in the community.
- Key resource group surveys and/or key informant interviews were conducted with over forty people.
- Parent/caregiver meetings were held in various geographical areas of the county and with diverse groups of parents and community members. Surveys were distributed to parents of all elementary school age children as well as to all licensed child care providers. Community meetings were held in Lakeport, Clearlake and Middletown.
- The information, data and community comment gathered was reviewed and discussed with the Commission to identify needs and opportunities gaps in services, and lack of data/information available.
- Recommended goals and objectives, and desired outcomes and indicators were developed based on the needs, opportunities and gaps identified in the community. Information on best practices was developed by consultants and presented to the Commission.
- Strategies for infrastructure development were also included in the plan on the areas of:
 - ✓ Fiscal Allocation and Management;
 - ✓ Request for Proposal Process; and
 - ✓ Commission Staffing and Committee Structure.

Four key visioning questions were utilized in the community outreach:

Key Visioning Questions

- **What do you consider to be the really good things about Lake County when it comes to children?**
- **What do you see as the biggest needs for children in Lake County?**
- **What's the biggest thing you think the community should do to best care for children age birth to five years old?**
- **What are your hopes for children in Lake County?**

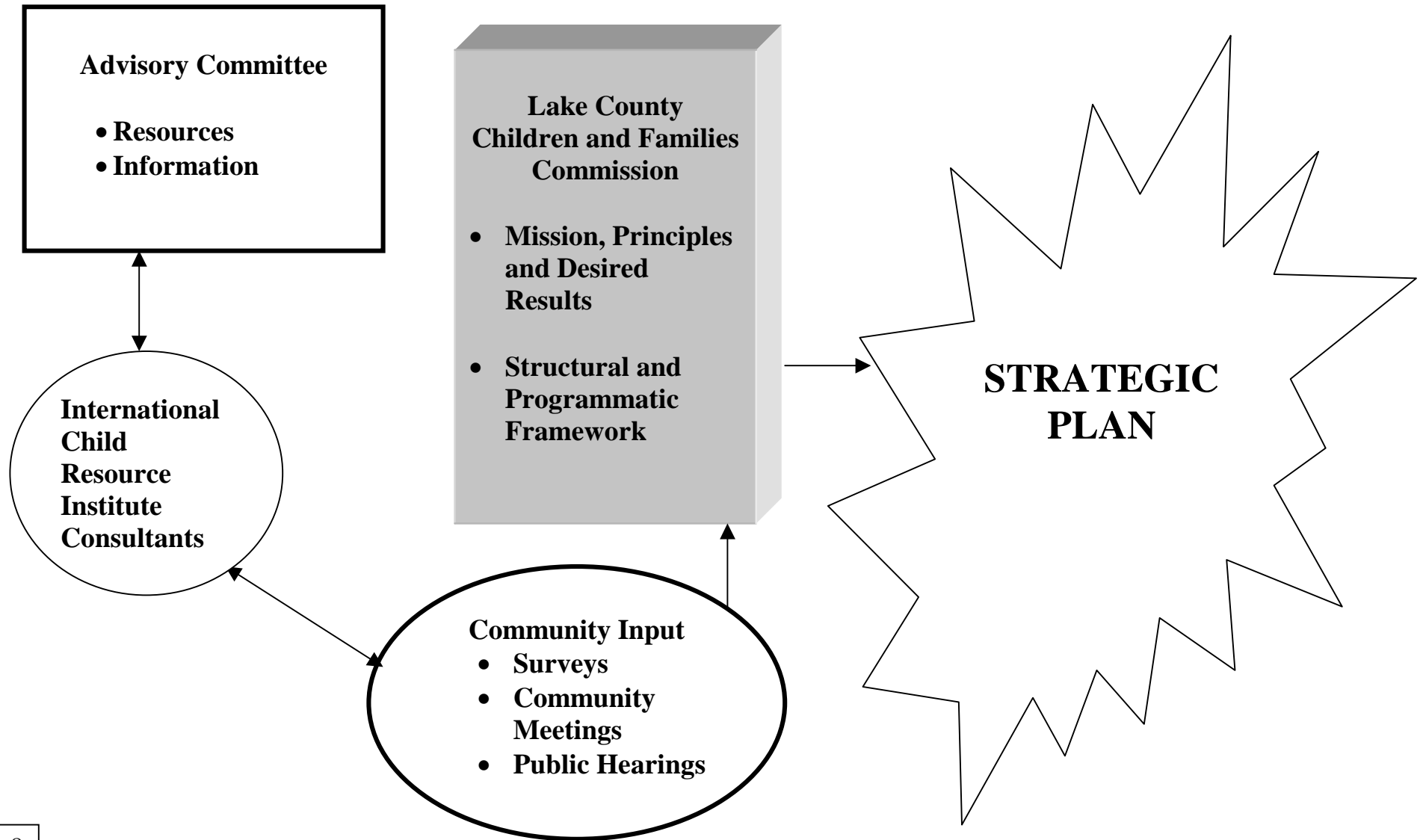
Lake County Children and Families Commission Planning Timeline

Timeline	Activity
January – April 2000	Attended meetings at the local, regional and State level gathering information regarding Prop 10
January – April 2000	Collected, reviewed existing sources of data
February – April 2000	Conducted interviews with parents, service providers
February – April 2000	Surveys sent to and collected from parents, service providers, child care providers
April 2000	Community meetings held in Lakeport, Clearlake and Middletown

Final Steps

During May, widely publicized Public Meetings were held at three locations throughout the county to allow for review of and comment on the DRAFT Strategic Plan by the community-at-large. The comments from the public hearings were synthesized and provided to the Commission for use in developing the Final Children and Families Strategic Plan. The Commission then developed its plan for allocating funds to prioritized strategies in support of the program goals and objectives, consistent with overall allocation strategies already developed and adopted by the Commission. The final strategic plan for Lake County was submitted to the State Commission by the end of June 2000.

Lake County's Approach to Strategic Planning



IV. Local Needs and Opportunities: Summary of Findings

Recommendations to the Commission were developed using the following findings on the status of children prenatal to age five years old in Lake County and their families. In some cases, state and national data was reviewed for local implications.

Child Health and Welfare

- There were approximately 3600 children age 5 and under living in Lake County in 1990. It is estimated that number will increase to about 4500 in the 2000 Census.
- In 1998, an estimated 56% of children in Lake County were living in families without self-sufficient income, up from 52% in 1994. Thirty percent were estimated to be living in poverty. While the number of children living in low income or poor families in Lake County increased in the 1990's (up nearly 7% from 1994 to 1998), the proportion of children assisted through the principal welfare programs dropped by an estimated 12% over this same period. On average, cash aid per family dropped 29% during this period.¹
- During the last several years, Lake County's unemployment rate has averaged approximately 50-70% higher than the state average. In 1998, unemployment in the county was 9.3% versus 5.9% statewide. Lake County's average wage and salary rates have gradually increased during this decade, though ranked third lowest among California counties in 1997.²
- Birth rates in Lake County remain at about 60-70% of the statewide average. Births to Lake County teens aged 15-17 dropped 41% between 1994 and 1997, and rates for this group are now below the statewide average. Births to teens up to 20 years old accounted for about 17% of all births in Lake County during the period 1996-1998.³
- Lake County was recently ranked as 49th out of 49 counties reported for incidence of late or no prenatal care. Mothers younger than 15 fared worst, with fewer than 50% receiving prenatal care in their first trimester. Late prenatal care affects pregnancy outcomes and is a risk factor correlated with poorer infant health.⁴
- According to the California County Data Book-1999, Lake County is ranked 26 out of 49 counties rated for incidence of low birth-weight babies. California's infant mortality has fallen steadily over the past decade, averaging 6.3 deaths per 1000 live births in the period 1994-97. During the same period, Lake County's infant mortality was 7.8 per 1000 live births.⁵

¹ Lake County Children's Report Card 2000, Lake County Department of Social Services with contributions by many Lake County organizations, pg. 16

² Ibid, pg 57

³ Ibid, pg 19

⁴ Ibid

⁵ Ibid, pg 95

- An estimated 10% of Lake County residents who gave birth from 1998-99 were “tox positive”, according to data from the three hospitals that account for 87% of these deliveries.⁶ This is an area in need of additional data development.
- Based on public health exams, the County’s Public Health Division reports that over 40% of students in kindergarten and elementary school need dental treatment.⁷
- Lake County ranked 23 out of 58 in percent of children receiving WIC nutritional assistance service in 1997. In July 1999, 54% of WIC assistance recipients were children aged 1-4, 22% were infants, and 24% were women.⁸
- A recent high school survey by the Lake County Office of Education showed that about one-third of Lake County’s high school students surveyed were regular daily smokers, and 60 percent of the responding students had tried smoking.⁹
- From 1994-98, the number of children birth to 4 years old served by Mental Health increased from 1 to 10 (900%). During the same period, mental health service to children ages 5-11 increased from 10 to 157 (1470%). Service to adolescents (ages 12-17) increased from 41 to 208 cases (407%). Overall, mental health service to children increased 621% in five years. During this period, the most frequent mental health diagnoses for children were disruptive behavior, adjustment and mood disorders.¹⁰
- Twenty nine percent of Lake County’s 7th graders responding on the countywide California Healthy Kids Survey during 1998-99 had seriously considered suicide during the last 12 months; 18% of 9th graders; and 20% of 11th graders had seriously considered suicide.¹¹
- Domestic violence cases reported to the District Attorney’s Victim-Witness Program rose 36% between 1994-95 and 1997-98, and then increased another 46% between 1997-98 and 1998-99. The number of children in foster care significantly increased during the period 1994-1998. Children currently in foster care are there primarily because of neglect or abuse problems in their former homes.
- The availability of public transportation has an impact on families’ ability to access health care in the county. Services have increased significantly over the last three years, however, issues of transportation to and from areas away from main population areas remain.

⁶ Ibid

⁷ Ibid, pg 20

⁸ Ibid

⁹ Ibid, pg 20

¹⁰ Ibid, pg 99

¹¹ Ibid, pg 20

Child Care and Early Childhood Education

- As of August 1999, preschool child care was ranked the greatest local need, with need for infant/toddler care expected to take the lead as CalWorks parents lose exemptions for care of the youngest children.¹²
- Child care for developmentally and physically disabled children is extremely limited in Lake County; and child care tailored to meet the special needs and character, such as the Native American community, the Latino community, and the foster parent community is in short supply.¹³
- There is a shortage of child care available when and where needed. Given the geographic barriers inherent in Lake County's rural nature, family-focused infrastructure development requires that every small community become self-sufficient with respect to its own child care needs whatever they may be.¹⁴
- The average annual cost for full-time week day infant care in 1999 in Lake County was \$6,048 per child. This represents 36% of the federal poverty guideline for a family of four. Subsidized child care is therefore often critical for low income families. At the same time, demand for subsidized child care spaces in Lake County exceed present supply by 3.5 times.¹⁵
- Early childhood preschool education capacity in Lake County has increased during the last two years, primarily through the development of the Early Head Start and Head Start program, and expansion of state-funded preschools and Child Development Centers. Despite this growth, only about 5% of Lake County's infants and 29% of its children ages 3-5 years are benefiting from these programs.¹⁶
- According to the results of the study, "Not By Chance: Creating an Early Care and Education System for America's Children", forty percent of infant and toddler care nationwide takes place in settings that are unsafe or unhealthy.¹⁷ The quality of child care depends on the quality of the caregiver. Children receive the best care from child care workers who are well trained and well compensated for their work. It is difficult for parents to judge the quality of child care settings. Although child care experts have published guidelines for assessing child care, these are not easily available to many parents, and the guidelines do not have the force of law behind them.¹⁸

¹² Ibid, pg 48-49, and Lake County Child Care Planing Council, Child Care Needs Assessment, 1998-1999

¹³ Ibid, pg 48-49, and Lake County Child Care Planing Council, Child Care Needs Assessment, 1998-1999

¹⁴ Ibid, pg 48-49, and Lake County Child Care Planing Council, Child Care Needs Assessment, 1998-1999

¹⁵ Ibid, pg 16

¹⁶ Ibid, pg. 17

¹⁷ Not by Chance: Creating an Early Care and Education System for America's Children, The Quality Initiative 2000, Sharon L. Kagan and Nancy E. Cohen, 1997

¹⁸ Sonoma County Realities Report, Child Care – A Quiet Crisis for Sonoma County, Family Action of Sonoma County and the Sonoma County Child Care Planning Council.

- The 1998 Rand Institute study, *Investing in Our Children, What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions*, measured the effects of quality early care and education programs for long term effects, and found that “well designed, targeted programs can have lasting impacts on the children they reach and in the communities where they live.” Reviewing nine small-scale early care and education programs, Rand found that the programs improved the participating children’s subsequent academic achievement, and that several decreased the likelihood that the children would grow up to lead lives of crime.
- Spanning more than two decades, a study published by the University of North Carolina at Chapel Hill’s Frank Porter Graham Child Development Center found that providing high quality child care to children almost from birth until kindergarten shows the positive effects of such preschool education “interventions” last at least until age 21. The study indicates that early childhood education significantly improves the scholastic success and educational achievements of poor children even into early adulthood.¹⁹
- The Cost, Quality and Child Outcomes in Child Care Centers Study, originally published in 1995, followed over 800 children into second grade. The new study establishes a link between quality child care and school readiness: “...young children receiving poor quality child care were less prepared for school and tended to have less success in the early phases of school than students who received high quality care in their preschool years.”²⁰
- The CQ&CO study also shows that:
 - High quality child care is an important element in achieving the national goal of having all children ready to learn when they come to school.
 - The quality of child care classroom practices was related to children’s cognitive development, including language and math.
 - The nature of the preschool teacher-child relationship influenced children’s social development through the early school years.
 - High quality child care continues to positively predict children’s performance well into their school careers.
- The National Child Care Staffing Study done by the Child Care Employee Project (a nine-year study released in 1998) found that staff turnover is detrimental to children. Child care centers report that high levels of job turnover and serious difficulty in finding qualified teaching staff lead to problems of inconsistent care, under staffing and the strong potential for unsafe conditions for children. Children in centers with higher turnover rates spent less time engaged in social activities with peers and more time in aimless wandering. They also had lower Peabody Picture Vocabulary Test scores compared with children in centers with more stable teaching staff.

¹⁹ University of North Carolina Chapel Hill, Abecedarian Project 21 Follow-Up, Dr. Frances Campbell, October 1999

²⁰ Cost, Quality and Child Outcomes: Researchers from University of Colorado Health Sciences Center, University of North Carolina–Chapel Hill, UCLA and Yale University took part in the study.

- Researchers in the National Child Care Staffing Study consistently found that the cornerstone of child care that promotes healthy development is the presence of sensitive, consistent, well-trained and well-compensated caregivers. The most important predictor of staff turnover among the adult work environment variables was staff wages. Without major improvements in their salaries and working conditions, qualified teachers will continue to leave the child care field for jobs that offer better wages. Better quality centers have:
 - Higher wages
 - Better adult work environments
 - Lower teaching staff turnover
 - Better educated and trained staff
 - More teachers caring for fewer children

Parent Education and Support

- Research suggests that certain family characteristics put children at particular risk for developing conduct problems – namely, low income, low education, teenage pregnancy, isolation, high levels of stress, single parenthood, parental psychiatric illness, parental criminal history or substance abuse, and high levels of marital discord and depression.²¹
- Children whose parents are inconsistent in their discipline, physically abusive, or highly critical and hostile are also at greater risk for developing conduct problems as are children whose parents are disengaged from their children’s school experiences and provide little cognitive stimulation.²²
- Parents who are more involved in their children’s educational environment reported more self-confidence, increased internal control, increased self-esteem, increased community involvement, and decreased isolation.²³
- In Webster-Stratton’s 1998 study for National Head Start, children whose mothers received parenting education and support were observed to exhibit significantly fewer conduct problems, less noncompliance, less negative affect, and more positive affect than control children. Mothers were observed at home to have significantly fewer critical remarks and commands, to use less harsh discipline, and to be more positive and competent in their parenting when compared with control mothers.
- Among the pyramid of services needed by all families is adequate income, housing, health care, child care, education and recreation services. Home-visiting programs, family support centers and parent education programs are also indicated for families needing support.²⁴

²¹ Carolyn Webster-Stratton, Parenting Clinic, School of Nursing, University of Washington, 1990

²² Patterson & Stouthamer-Loeber, 1984

²³ Adams, 1976; Adkins, 1971; Parker & Asher, 1987; Zahn, McKnew, Cummings, Davenport & Radke, 1984; Zigler & Styfco, 1993

²⁴ Children’s Defense Fund (1992) State of America’s Children 1992, Washington, DC

Lake County Children and Families Commission Summary of Findings

- **Child Care Service Needs**

- ✓ More affordable child care, especially for parents just above the poverty line.
- ✓ More subsidized child care.
- ✓ More full-time child care available.
- ✓ More respite care.
- ✓ Offer non-traditional hours care.
- ✓ Better quality of care and more training of providers.
- ✓ Better financial incentives to providers.
- ✓ Better access to culturally appropriate practice.

- **Parent Support and Education Service Needs**

- ✓ More support for parents of young children.
- ✓ Parenting classes that teach a variety of skills.
- ✓ Better access to help when it is needed.
- ✓ Better parks, playgrounds and safe, supervised places for children to play.
- ✓ Better access to programs like WIC.
- ✓ More affordable housing.
- ✓ More drug and alcohol treatment programs.

- **Health Care Service Needs**

- ✓ More pediatricians in Lake County.
- ✓ More access to prenatal and OB services.
- ✓ Better access to dental services for children.
- ✓ More mental health services for young children.
- ✓ Better access to affordable health insurance programs.
- ✓ Better access to services, not restricted due to the lack of adequate transportation.
- ✓ Better access for parents to get their children to medical appointments, child care and other activities.
- ✓ Increased ability of providers to meet the needs of Lake County families and children.

V. Commission Goals, Objectives, Desired Outcomes, Indicators and Best Practices

This section presents the development to date of the program goals, objectives, a list of the desired outcomes and indicators. These goals and objectives will be used as a basis for developing the request for proposal and are not in any prioritized order in this plan.

The goals and objectives are presented in relatively broad terms at this stage in the planning process and will be narrowed as the request for proposals are developed. The community will be given an opportunity to submit proposals in response to the Commission's stated goals and objectives and indicate to what extent these goals and desired outcomes can be met through their proposed program.

Evaluation will be a critical component of the strategic plan and an essential tool in establishing the intended results of the Commission's work; reviewing progress toward achieving the goals, objectives and desired outcomes in the plan; and assessing the effectiveness of the funding allocation decisions.

In addition, this section includes best practice information for child care, parent support and education, and health care. The best practice information included here presents examples of program models that have been successful in Lake County, in the Bay Area, around the state of California, or elsewhere in the U.S. or internationally. In some circumstances, these best practices include promising new and innovative programs that are currently being implemented.

The Commission will utilize the best practice information included in this section along with public input and comment, the consultant's input and recommendations, and other information provided during the planning process, to develop its priorities for funding. These funding priorities will be developed on completion of the public meetings to be held in May.

Child Care

GOAL I: Increased access to quality, developmentally appropriate child care which meets the economic, cultural and developmental needs of all children and families of Lake County.

Objective 1.1: To develop a child care system to allow parents access to quality affordable care in an appropriate setting to meet their child, work and family needs.

Objective 1.2: To increase capacity of available quality child care, including care for children with special needs.

Objective 1.3: To provide a training plan (including special needs) and incentives plan for child care providers, to build and assure quality.

Desired Outcomes:

- Children Ready for School
- Children Succeeding in School
- Safe and Supportive Communities
- Stable Families
- Integrated and coordinated children and family service system, including child care
- Smoke Free Child Care Environments

Indicators for Child Care

- Increase in the availability of affordable, full-time child care slots
- Increase in the availability of child care for children with special needs
- Increase in the availability of out-of-home, sick or emergency child care.
- Increase in employer-supported child care
- Development of incentives for professional development and reimbursement for training time.
- Increase in the number of people trained to work in child care facilities
- Increase in private and public funding of subsidies for child care
- Increase in the number of bilingual child care providers
- Increase in training for family daycare providers

CHILD CARE AND EARLY CHILDHOOD EDUCATION

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APPROXIMATE COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Model incentive programs that encourage early childhood professionals to stay in the field. <p>C.A.R.E.S. Model—San Francisco, Alameda (Prop 10-funded) Involves creation of a Child Development Corps, establishing criteria for incentive payments for child care providers. Those providers paid the least will have first priority to receive stipends. (See Appendix B1)</p> <p>Level I Requirements: (\$500 annual stipend)</p> <ul style="list-style-type: none"> ✓ 6 core ECE or Child Development Units before 1st award ✓ must remain in (1) position for at least 1 program year ✓ 9 core ECE units before 2nd award ✓ must qualify as an assoc. teacher prior to 3rd award <p>Level II Requirements: (max. \$6000/year stipend)</p> <ul style="list-style-type: none"> ✓ must participate in 21 hrs. of professional growth/year ✓ retention in same position for 1 year ✓ teacher (\$1500/year stipend) ✓ master teacher, site supervisor, program director (\$2500/year stipend) ✓ above + B.A. in relative field, (\$5,000/year) ✓ graduate degree (additional \$500/year) ✓ bilingual ability in a language used in child care setting (additional \$500/year) <p>Quality improvement grants to centers, to be used for the provision of employee-retention services, such as establishment of a 401(k) plan, health benefits, other staff retention plans.</p>	<ul style="list-style-type: none"> ✓ SF CARES program has budgeted \$1.15 million/year; expected to reach approximately 500-600 teachers and providers annually. ✓ According to proposed State legislation (Aroner bill) counties that implement local programs utilizing proposed State guidelines will receive priority in State distribution of CARES funding 	<ul style="list-style-type: none"> ✓ No CARES program currently exists in Lake County. NCO Rural Child Care pays small stipend - \$100- for providers taking their training. 	<ul style="list-style-type: none"> ✓ Training offered through Santa Rosa Junior College and Sonoma State University, non-compensated ✓ Most family day care sites and many centers and preschools aren't able to offer health benefits, retirement plans, other employee benefits

CHILD CARE AND EARLY CHILDHOOD EDUCATION

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Programs where child care providers use “consultants” to assist with behavior, mental health, health, organizational development, and training issues (See Appendix B2): <ul style="list-style-type: none"> ✓ Consultant becomes a part of the child care program, not just a visitor; ✓ Consultant is invited into the child care to assist with specifically identified issues, but may very likely uncover other issues as they become more familiar with the staff, parents and children; ✓ Works with staff, children and family on-site at child care, in home visits, and/or sometimes in clinical setting; ✓ Focus on interactions within the group of children as well as individual children’s issues; Classroom observation by consultant; ✓ Assists with mild as well as severe behavior issues; ✓ Family support provided (social work, speech therapists, referrals to other support networks) ✓ Attends and participates in child care staff meetings; ✓ Provides training and consultation; ✓ Consultant often works as part of a clinical team to be able to access additional support/expertise if needed; ✓ Important that clinicians have a background/experience in early childhood education to be able to understand the interactions and issues in a child care setting; Clinician training and internship is a critical part of starting up a program of this sort; ✓ Funding supports program so that it is free to the child care provider; ✓ Funding is from private and public sources, some MediCal. • Outcomes: <ul style="list-style-type: none"> ✓ Children are less likely to be asked to leave a child care setting due to behavior issues; ✓ Helps all the children in the child care feel more empowered as issues are resolved; ✓ Helps the staff to feel less stressed and more able to deal with day to day issues children bring to child care; ✓ Helps with staff job satisfaction and retention; ✓ Provides support to the families and assists them to deal with behavior issues at home; ✓ Normalizes child’s experience to help bring them to grade level or to get ready for school. 	<p>Jewish Family & Children’s Services Program - Approximately \$620,000 for four years. Program development and startup required four months. Consultation was phased in and provided over the course of three academic years plus four months. Cost per pupil per year for consultation component approx. \$32. Direct Services 34% Evaluation 46% Admin 20% 9 Foundations provided financial support.</p> <p>Funding is always an issue as well as access to appropriately trained clinicians that know what a child care setting is like.</p>	<p>✓ No program currently exists in Lake County.</p>	<ul style="list-style-type: none"> ✓ San Francisco Day Care Consultants, Jewish Family & Children’s Services, City of San Francisco, UCSF (Kadija Johnston) ✓ Start-Up Program in Marin County (Mary Willis and Tina Warren) based on the San Francisco model ✓ The Link to Children (TLC) (Grace Manning Orenstein, Alameda County) ✓ Therapeutic Nursery Schools - Contra Costa and Alameda counties (Lenore Thompson) ✓ Building Blocks Seneca Centers Alameda County

CHILD CARE AND EARLY CHILDHOOD EDUCATION

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Programs where parent education is provided through child care provider (for all families as well as multiple risk factor families) (See Appendix B3): <ul style="list-style-type: none"> ✓ Families become part of a community that is created at the child care site; ✓ Family to family support and interaction is encouraged; ✓ Social events and fun activities for families are focus with parent education incorporated into discussion; ✓ Parents become involved in supporting the center through funding raising activities, assisting in the classroom, fix-up/clean-up days, etc.; ✓ Informal opportunities allow time for provider to talk about the child, answer parent's questions, and provide guidance and reassurance; ✓ Formal parent education lectures/workshops are less well attended. • Outcomes: <ul style="list-style-type: none"> ✓ Provider and parent build a trusting relationship, and communication is enhanced; ✓ Children are less likely to be asked to leave a child care setting due to behavior issues; ✓ Parents feel more empowered to deal with their child's issues in child care and at home; ✓ Parents are more likely to open up and ask for referrals to resources on other issues of importance to the family; ✓ Create more team approach between parents and staff; ✓ Builds sense of shared commonality and sense of purpose/accomplishment among parent community at the center. 	<p>Estimated \$25,000-150,000 per year depending on size and scope of program</p> <ul style="list-style-type: none"> ✓ Difficult for families with young children to make time to be involved. 	<ul style="list-style-type: none"> ✓ Lake County Early Head Start 	<ul style="list-style-type: none"> ✓ Early Head Start, statewide expansion ✓ Fairfax-San Anselmo Children's Center, Marin County ✓ Parent Services Project (PSP) model, multiple counties in CA and nationwide ✓ Co-op Child Care Model

CHILD CARE AND EARLY CHILDHOOD EDUCATION

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Training and technical assistance programs for exempt child care providers (See Appendix B4): <ul style="list-style-type: none"> ✓ No cost training and incentives are critical part to successful outreach and involvement of exempt providers in training. ✓ Adequate outreach to exempt providers; ✓ Creation of a professional network for exempt providers; ✓ Training needs to include ages and stages in child development, discipline, child temperaments, brain development and early learning, age-appropriate activities, Infant/Child CPR, First Aid, general health and safety practices, etc. ✓ Mass media training, videos <p>Outcomes:</p> <ul style="list-style-type: none"> ✓ Higher quality care; ✓ Provides professional development for exempt provider; ✓ Exempt provider gains access to resources available to broader provider community; ✓ Exempt provider develops relationship with broader provider community; ✓ Potential recruitment into licensed child care field. 	Estimated \$15,000-50,000 depending on size and scope of the program	<ul style="list-style-type: none"> ✓ Some training and technical assistance provided by NCO Rural Child Care to help exempt child care providers through licensing. 	<ul style="list-style-type: none"> ✓ Outreach to exempt providers is an issue – difficult to maintain contact/referral information except for those receiving child care subsidy provider payments. ✓ No training or child-related background is required for license-exempt providers at this time. State Legislature looked at requiring exempt providers to take early childhood education hours and/or some form of Health & Safety, Infant/Child CPR and First Aid training, but legislation has not passed. ✓ Must pass statewide and FBI criminal background check and statewide check of child abuse index. ✓ Some training is provided through nanny placement services. ✓ Some training is provided through CalWORKs programs, but providers are not required to participate.

CHILD CARE AND EARLY CHILDHOOD EDUCATION

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Mentoring programs providing opportunities for professional development in the child care field and to assist with retention (See Appendix B5): <ul style="list-style-type: none"> ✓ Training is provided for mentors; ✓ Release time is given to mentors; ✓ Appropriate matches between the mentor and the individual being mentored is a critical part of a successful program; ✓ Clear goals and incentives are delineated. <p>Outcomes:</p> <ul style="list-style-type: none"> ✓ Qualified teachers are trained as mentors and advance professionally; ✓ Mentors provide one-on-one support and consultation for younger, less experienced members of the profession; ✓ Brings family child care providers into existing networks of professional child care and resources available; ✓ Assists with retention, job satisfaction, and professional development; ✓ Improves quality of environments for children and care provided; 	<p>Range of \$35,000 – 370,000 depending on size and scope of the program.</p>	<p>✓ No program currently exists in Lake County.</p>	<ul style="list-style-type: none"> ✓ The local community college has to be willing to participate in the statewide program. ✓ Mentoring can only be done currently where mentor and teacher are at the same location. Needs to be expanded to allow mentors to work with teachers at other centers. ✓ Difficult for mentor teachers to make commitment required to be successful. ✓ State funded Mentor Teacher Project, coordinated through Community Colleges; SRJC is part of the state funded mentor teacher project. <p>Family Child Care Mentoring projects, funded through the Quality Child Care Initiative (QCCI); Alameda County family child care mentoring project Initially funded through HUD grant.</p>

CHILD CARE AND EARLY CHILDHOOD EDUCATION

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Programs for expanding child care slots in areas where there are gaps (e.g. nontraditional hours care, care for mildly ill children, infant/toddler care) (See Appendix B6): <p>Mildly Ill Child Care:</p> <ul style="list-style-type: none"> ✓ Pre-enrollment required – medical history of child on file; ✓ Ensure that child is familiar with the setting and caregivers prior to day when care is needed; ✓ Medical professional provides intake to ensure that child is only mildly ill; ✓ Limited slots available; ✓ Staffing ratio is enhanced; ✓ Providers trained to care for mildly ill children; ✓ Tends to be expensive for parents if supported only on parent fees. <p>Infant/Toddler Care:</p> <ul style="list-style-type: none"> ✓ High teacher:child ratios (1:3 or better); ✓ Communication between adult and child for language development; ✓ Culturally appropriate practices; ✓ Early brain development/learning; ✓ “Curriculum”/environments for infant/toddler learning. <p>Non-Traditional Hours Care:</p> <ul style="list-style-type: none"> ✓ Employer-based on-site child care for employees that work odd hours; ✓ Parents tend to want less institutional care and more in-home/family child care settings. <p>Outcomes:</p> <ul style="list-style-type: none"> ✓ Parents are able to maintain their work schedule; ✓ Child has a safe, nurturing place to go while parent works; ✓ Quality of care higher. 	<p>Mildly Ill Child Care: Typically, additional \$25-35/day beyond regular child care cost per day.</p> <p>Infant/Toddler Care: Infant care in Lake County costs on average \$600/mo, or approx. \$7,200/yr</p> <p>Full-time care Infant \$860/mo Toddler \$740/mo PreSchool \$660/mo</p>	<p>✓ No programs currently exist in Lake County.</p>	<p>Mildly Ill Child Care:</p> <ul style="list-style-type: none"> ✓ Funding programs for mildly ill child care and keeping rates affordable for parents is an issue. ✓ Parents often only want to use mildly ill child care in absolute emergencies, but want to have it available just in case; ✓ Difficult to operate as a stand-alone program, needs subsidies for parents. Better to offer as part of an emergency back-up care program; ✓ Marin Kaiser program for mildly ill children closed due to lack of participation. <p>Infant/Toddler Care:</p> <ul style="list-style-type: none"> ✓ Expansion funding from SDE for I/T care did not go far enough. ✓ Still extreme need for expansion of infant/toddler care in Lake County. ✓ Early Head Start does not cover full-time care. ✓ Parents are looking for small settings and high teacher:child ratios. ✓ Among the barriers are cost, availability of trained caregivers, and lack of facilities that can be licensed.

(continued)

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> Programs for expanding child care slots in areas where there are gaps (e.g. nontraditional hours care, care for mildly ill children, infant/toddler care): 			<p>Non-Traditional Hours Care:</p> <ul style="list-style-type: none"> ✓ Tends to be expensive for parents; ✓ Hours between midnight and 6 am often not utilized. <p>Mildly Ill Child Care:</p> <ul style="list-style-type: none"> ✓ Fairfax-San Anselmo Children's Center, Marin County Mildly Ill Child Care ✓ Program with consortium of San Francisco law offices to provide temp services for medically trained in-home care providers for mildly ill/emergency back-up child care ✓ Stanford University Medical School Emergency Back-Up and Mildly Ill care ✓ Australian community model for occasional care ✓ Proposed City of Palo Alto Back-Up & Emergency care contract <p>Infant/Toddler Care:</p> <ul style="list-style-type: none"> ✓ Recent funds allocated by State Dept of Education expansion of I/T care ✓ Implementation of Early Head Start programs nationwide. <p>Non-Traditional Hours Care:</p> <ul style="list-style-type: none"> ✓ San Francisco Airport nontraditional hours child care for employees – open until midnight (PalCare)

CHILD CARE AND EARLY CHILDHOOD EDUCATION

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Programs for assisting with child care affordability for parents beyond using CA Dept of Education funding (e.g. business sponsorships or subsidies for centers, direct employer child care subsidies to parents) (See Appendix B7): <ul style="list-style-type: none"> ✓ Individual businesses buying slots in child care (subsidy provided directly to provider to ensure access for employees to slots); ✓ Business consortiums jointly sponsoring child care slots; ✓ On-site employer-sponsored child care programs providing subsidized child care for employees; ✓ Employer subsidy programs, including vendor vouchers; ✓ Barter arrangements (employer provides something of value to provider who reduces the cost of care to employees); ✓ Direct employer subsidies on sliding scale based on employee income and number of children in child care; ✓ Dependent Care Assistance Programs – pretax child care fund ✓ Centralized child care fund contributed to by business. <p>Outcomes:</p> <ul style="list-style-type: none"> ✓ Direct cost of child care reduced to parents. ✓ Relief for parents based on tax relief. ✓ Quality of child care accessible to parents increases. ✓ Support for provider community. 	<p>\$100-200 per employee/month/child employer contribution</p> <p>Estimated need to cover cost of child care for those that are eligible or have need in Lake County \$6-7,000 per child per year.</p>	<p>✓ No existing programs in Lake County</p>	<ul style="list-style-type: none"> ✓ Tax benefits for employers. ✓ Recruiting tool for employers. ✓ Employers developing child care face same issues around availability of suitable facilities and staff. ✓ Employer has to make a philosophical commitment to providing on-site child care. ✓ Quality control tends to be higher with on-site employer-sponsored child care. ✓ Concerns about equity for employees who are not parents of young children. ✓ DCAP is limited in level of assistance. ✓ Sonoma County Hewlett Packard site ✓ Autodesk, San Rafael, providing direct child care subsidies to employees based on sliding scale. ✓ DCAP utilized broadly among small and large businesses. ✓ Chamber of Commerce business consortium, Toombs County, Vidalia Georgia

CHILD CARE AND EARLY CHILDHOOD EDUCATION

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Programs utilizing assessment tools for measuring child care quality (See Appendix B8): <ul style="list-style-type: none"> ✓ National Association for the Education of Young Children (NAEYC) accreditation; ✓ Early Childhood Rating Scales ✓ School Age Program Accreditation ✓ Family Child Care Accreditation <p>Outcomes:</p> <ul style="list-style-type: none"> ✓ Improvements in program quality; ✓ Additional training for teachers; ✓ Classroom environment assessment and improvements; ✓ Added level of professionalism in child care setting. 	Up to several thousand dollars per center.		<ul style="list-style-type: none"> ✓ Definition of quality child care debated in child care community; ✓ Parents do not fully understand value of accreditation; ✓ Accreditation processes are arduous and expensive for many providers; ✓ Not many family child care programs become accredited. ✓ Some Alameda County Proposition 10 funds going to quality improvement with assistance toward training and accreditation.

FACILITIES

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Programs providing low cost facilities in local areas of need, low income areas-grants in \$100,000 range) (See Appendix B9): <p>Outcomes:</p> <ul style="list-style-type: none"> ✓ New low cost facilities for existing or new programs to serve young children and potentially teens. 	<ul style="list-style-type: none"> ✓ Potential leveraging opportunity with state child care funding. ✓ Kresge Foundation (Michigan) provides matching funds for facilities. ✓ Both Koret and Cowell Foundations have provided funding for bricks and mortar in low-income areas in past. 		<ul style="list-style-type: none"> ✓ Costs of ongoing operation needs to also be funded for new programs; ✓ Cost of infrastructure support for installing new facility (water, sewer, etc.) ✓ Fee setting by cities for hook-up of services often cost prohibitive – need cities to provide waivers. ✓ Modular buildings can be as much as \$100,000 depending on size. ✓ State funded child care facility grants and loans provided portables for child care in the last few years of funding. ✓ Mobile health vans or libraries/book mobiles for literacy programs.

Parent Support and Education

GOAL II: Increased access to parent education and support services to meet the diverse needs of Lake County parents.

Objective 2: To develop parent education and support opportunities to assist parents with prenatal and perinatal child development training, nutrition, substance abuse, life skills, housing and recreation sources integrated and coordinated with existing programs.

Desired Outcomes:

- Stable Families
- Healthy Children
- Children Ready for School
- Safe and Supportive Communities
- Integrated and coordinated children and family service system, including parent support and education

Indicators for Parent Support and Education

- Increased awareness among parents of the importance of positive parenting
- Increase in the number of parents attending parenting classes and support groups
- Increase in the availability of resource information that is culturally appropriate
- Development of a coordinated and integrated curriculum on parenting
- Increase in the number of drug and alcohol treatment programs
- Increase in the number of affordable housing units
- Increase in the number of parks and safe supervised play areas for children
- Decrease in the number of child abuse/child neglect reports

PARENT SUPPORT AND EDUCATION

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APPROXIMATE COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<p><i>Touchpoints model (San Mateo County, Napa, Sonoma County)</i> San Mateo County (Pre-to-Three Initiative)</p> <ul style="list-style-type: none"> ✓ home visitation, initially done by Public Health Nurse, then a multi-disciplinary team if necessary ✓ psychosocial, nutrition and health education assessment program for all kids prenatal to 3 years on Medicaid ✓ program consists of home visitation, classes and support groups utilizing Touchpoints trainings, health education and parenting groups <p>Model also provides training to medical and dental staffs, from front office to physicians on Touchpoints practices</p> <p>Sonoma County PACT (See Appendix B10)</p> <ul style="list-style-type: none"> ✓ Touchpoints trainings to providers who work with 0-3 year olds ✓ Parent Support Groups ✓ Home Visitation for first-time families <p>Goal: to improve support and services for parenting throughout the County through strengthening the skills of providers who work with first-time families of 0-3 year olds. Health care providers, child care providers and parent educators are trained on child development issues using a relationship-based model, Touchpoints.</p> <p>PACT also partners with existing Parent Education agencies to expand parents' support groups throughout So. County. Meetings assist parents with information, build support with other parents and provide linkages with other services available in the County for parents.</p>	<p>Currently in Sonoma County, PACT is funded from Health Care Leadership Council which consists of the 8 hospitals throughout the County and DHS.</p> <p>PACT is looking at Prop 10 and CA Endowment funding to assist in long-term implementation of Parent Ed and Home Visitation component.</p>	<ul style="list-style-type: none"> ✓ Touchpoints not currently being used in Lake County ✓ Cal-SAHF, Family Resource Centers, ABC Family Resource Centers, ✓ Early Head Start providing home visitation, parenting education ✓ PACT Program in early implementation phase within County (Ann Parsons, x 4656) 	

PARENT SUPPORT AND EDUCATION

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APPROXIMATE COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Family Literacy Models (libraries, Even Start) (See Appendix B11) ❖ Even Start Model: <ul style="list-style-type: none"> ✓ targets high risk families ✓ integrates early childhood education, adult literacy and parent education into a unified family-centered program ✓ can provide a home visitation component <p>Under the Even Start program the U.S. Secretary of Education provides Federal financial assistance to local, family-centered education projects which help parents gain the literacy and parenting skills they need to become full partners in their children's education. Each local Even Start project is a cooperative project which builds on existing community resources to create a new range of services.</p> <p>Reach Out and Read (ROAR)</p> <ul style="list-style-type: none"> ✓ The ROAR program integrates literacy development into regular pediatric care for children between the ages of six months and five years, taking advantage of regularly scheduled well child visits to reach parents of young children before the school system can. ✓ The program works by giving children books to read as they wait to see the doctor. Then, in the examining room, the pediatrician or nurse practitioner gives the child a brand new book at the end of the visit, and offers the parent important information on reading with their child. The doctor also gives the parent a mock "prescription for reading" that suggest activities such as "take your child to the library once a week," or "read to your child each night before bed." ❖ Models that add library staff to be able to take reading programs into preschools and parent resource centers	<ul style="list-style-type: none"> ✓ Some funding from Lake Co. Literacy Coalition. Rely on fundraising. ✓ State Commission also funding early literacy through its initiative; through mobile learning labs and State Library's Family for Literacy Project ✓ Funding minimal—cost of new books which are often donated by publishers 	<ul style="list-style-type: none"> ✓ Lake County Family Literacy Program is the only official tutoring service in the county. Home visits, bring books into the home, bilingual services. Mostly staffed by volunteers. 	<ul style="list-style-type: none"> ✓ Sonoma County's Southwest Children's Health Center has an operational ROAR program in place

PARENT SUPPORT AND EDUCATION

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Parent education programs with focus on special populations (e.g. teen parents, substance abusing parents, homeless parents) (See Appendix B12): <ul style="list-style-type: none"> ✓ Parent education including child development, setting appropriate boundaries, caregiving, health and hygiene, stress management, etc. ✓ Focus on prevention, incorporating home visiting, periodic health and developmental screenings, group participant meetings, referrals; ✓ Incentives for participation; ✓ Programs are voluntary, even when court-mandated; ✓ Offer multiple sessions over period of time as children develop; ✓ Parent education provided along with other on-site services; ✓ Strong referral system; ✓ Culturally appropriate; ✓ Offered in different languages; ✓ Offered at friendly, neighborhood based locations. <p>Outcomes:</p> <ul style="list-style-type: none"> ✓ Better awareness of general child development issues by parents in particular need of assistance and support; ✓ Parents better able to provide nurturing environments for their children; ✓ Parents better able to acknowledge what's best for their child; ✓ Better recognition of parent's own needs and limitations. 	<p>Broad estimate of \$30,000 – 75,000 to create curriculum and offer multiple sessions to different groups of parents.</p>	<ul style="list-style-type: none"> ✓ Teen Parenting – Sutter Lakeside Community Services ✓ Parenting classes through the Family Resource Centers ✓ Not all parents needing these services will choose to participate. ✓ Not all parents who want to participate will make it enough of a priority until it reaches crisis point. ✓ Parent education not enough to solve parents' overall problems affecting the well-being of their children. 	<ul style="list-style-type: none"> ✓ Limited access to services that are culturally appropriate, in multiple languages. ✓ Effective Black/Latino/ Native American parenting curriculum development with Department of Social Services (Alameda County) ✓ Alameda County Probation Department model – required of parents going through family preservation/criminal justice system. ✓ Parent education classes for incarcerated women (Marin County)

PARENT SUPPORT AND EDUCATION

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Programs providing parent to parent support (See Appendix B13): <ul style="list-style-type: none"> ✓ Based on experiential framework- one parent lending their experience to another parent. ✓ Parent mentoring programs; ✓ Support for new parents; ✓ Home visits included, grocery shopping trips, etc. ✓ Involvement of mother's and father's support groups. <p>Outcomes:</p> <ul style="list-style-type: none"> ✓ Support for self-esteem and empowerment of women to better care for themselves and their children; ✓ Education on basic health and safety, child rearing, child development, etc. ✓ Broaden sphere of influence on parents and children's lives to include healthy examples. 	Cost of training, transportation and supplies, use of volunteers, staffing and administration.	<ul style="list-style-type: none"> ✓ Parent to parent support system often utilized in child care settings. 	<ul style="list-style-type: none"> ✓ Parent to parent support system often utilized in child care settings; ✓ Recruiting issues using volunteers utilized as parent aides. ✓ Pregnancy to Parenthood Parent Aide Program (Marin County) ✓ Parents Anonymous (Napa County)

BUILDING COMMUNITY AWARENESS AND PARTICIPATION

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Programs for educating the public and getting information out about early childhood development (e.g. brain development, learning early childhood education) (See Appendix B14): ✓ Publication of research, data and analysis about important information and issues facing families and young children; ✓ Clear sense of constituents trying to reach, and method and message needed to reach those audiences; ✓ Message to involve different segments of the community, for example, to reach the business community, publish information about the economic impact of child care in Sonoma County; ✓ Use of mass media (TV, radio), billboards, print, etc. ✓ Multiple languages, culturally appropriate messages; ✓ Intense outreach, distribution and follow-up; ✓ Repeated messages with same themes over lengthy periods of time. <p>Outcomes:</p> <ul style="list-style-type: none"> ✓ Broader public/community awareness of the impact on the community of issues affecting young children and families; ✓ Broader support from community on these issues affecting children and families; ✓ Better availability of services for families; ✓ Better outcomes for families; ✓ Better outcomes for the community. 	<p>\$42Million per year with some distribution of funds to support outreach at the local level</p> <p>Approximately \$10,000 for limited local scope</p> <p>Sonoma County Child Care Realities Report \$6,000-8,000</p> <p>Sonoma County Children's Budget \$25,000-35,000</p>	<p>✓ Lake County's Children's Report Card</p>	<ul style="list-style-type: none"> ✓ Strong local experience in advocacy and outreach. ✓ Rural county requires different outreach methods to reach different segments of population. ✓ Need to reach multi-lingual, multi-cultural population. ✓ Statewide public education campaign about child care "Quality Counts" (media, print, videos) ✓ Statewide Proposition 10 public education campaign (media, billboards) ✓ Publications/Data Dev.: Children's Defense Fund Children Now Children's Report Cards Annie E. Casey Foundation Family Action of Sonoma County ✓ Child Advocacy Institute website

Health Care

GOAL III: Improved access to preventive health and therapeutic services for the children and families of Lake County.

Objective 3.1: To develop (a system of) greater access to community-based prenatal, perinatal and children's preventive health services.

Objective 3.2: To develop (a system of) greater access to dental care and services for young children.

Objective 3.3: To develop (a system of) greater access to mental health services for young children.

Objective 3.4: To develop (a system of) in-county and out-of-county transportation to available health services for children.

Desired Outcomes:

- Healthy births
- Healthy children and adults
- Healthy early parent/child relationships
- Cessation or reduction in tobacco use and exposure to tobacco smoke during pregnancy

Indicators for Health Care

- Increase in the number of women who access prenatal care during the first trimester
- Increase in the number of primary care physicians trained in the identification of child development issues
- Increase in the number of families who purchase affordable insurance
- Increase in the number of children under five, who access dental services
- Decrease in dental disease for children entering kindergarten
- Increase in the number of bilingual and/or multicultural health care workers
- Increase in the number of mental health professionals trained in developmental and psychiatric assessment and treatment of children

HOME VISITING MODELS

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<p><i>Multi-Disciplinary Focus(Both health professionals and paraprofessionals)</i></p> <p>California Safe and Healthy Families Model Program – Cal-SAHF (See Appendix B15):</p> <ul style="list-style-type: none"> ✓ early intervention program targeting at-risk families ✓ provides systematic assessment, individualized family centered plan, home visiting, child health development monitoring/intervention, linkage to primary health care, structured parenting classes and support groups and child enrichment activities. ✓ Service delivery accomplished through use of a multi-disciplinary team including the following members: nurse, home visitor, child development specialist, group coordinator,/parent educator, mental health, substance abuse, vocational and other specialists, volunteers. 	<ul style="list-style-type: none"> ✓ Three years @ \$200 per month/per family ✓ Grant funded at \$250,000/yr. ✓ \$325,000/yr. from OCAP, \$200,00/yr. from OCJP. ✓ Potential leveraging with other State and Federal Health funds including MediCal, CAPIT(child abuse prevention) 	<ul style="list-style-type: none"> ✓ Lake County is in its third and final year of a Cal-SAHF Model Program grant that ends December 2000. Being administered by the NET. ✓ Capitated budget serving 75 families ✓ ABC Family Resource Centers – has two components – Great Beginnings, based on the Cal-SAHF model and Child Abuse Treatment Services. Grant scheduled to end 2001. Serves 125 families. Administered by the NET. 	

HOME VISITING MODELS

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APPROXIMATE COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<p><i>Multidisciplinary Focus (both health professionals and paraprofessionals):</i></p> <p>Vermont Success By Six, No. Carolina Smart Start (See Appendix B16):</p> <ul style="list-style-type: none"> ✓ both programs let each county/region determine its own needs and priorities for services ✓ targets geographic areas, although high-risk families receive more services ✓ Smart Start spends up to 40% of its funding on child care subsidies for working poor ✓ services provided include I & R, hotline, welcome baby visits, workshops, calendars of local events mailed to all participants. ✓ specialized services tailored to community; for example, one No. Carolina site decided to invest in improving dental care of kids and paid for oral health education and dentists to visit child care centers and preschools. 	<p>State-funded, in partnership with private foundations and businesses. Costs vary from County to County , depending on array of services provided</p>	<p>✓ Initiative has been extended to Lake County. It is in the process of being developed.</p>	<p>✓ Active Sonoma County Success By Six</p>

HEALTH

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APPROXIMATE COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Models for improving access, reducing cost and increasing the number of providers of Dental Health for children (See Appendix B17): <ul style="list-style-type: none"> ❖ Models that emphasize child care providers be trained in ADA oral health practices <ul style="list-style-type: none"> ✓ Prevention emphasized ✓ early identification of dental problems ✓ child care provider can access parents and discuss prevention of problems such as baby bottle tooth decay ❖ Models involving paying for more dental chairs for non-insured kids, or for paying dentists to provide more time in health clinics or child care centers ❖ Models involving getting groups of dentist s to volunteer their time on a regular basis 	<p>✓ \$25,000/yr, ends December 2000.</p> <p>Buying provider time or contracting with a dental practice for time—costs can vary; up to \$200/hour for dentist and/or hygienist staff.</p>	<p>✓ Rural Health Services Grant – pays for dental care for children who cannot pay for it</p>	<p>✓ Not enough “chairs” available to uninsured</p> <p>✓ Prevention education not adequately reaching target populations</p> <p>✓ Oral hygiene education and injury prevention programs in schools in Sonoma Co. Elements include teeth brushing, fluoride rinse, dental education. Comprehensive school-based, dental health program for preschool and elementary level classes. Provides teacher in-service, classroom instruction, and supplies to improve dental health of children.</p>

HEALTH

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Programs which promote enrollment to affordable health insurance plans for families with young children (e.g. with employer involvement): <ul style="list-style-type: none"> ✓ Healthy Families; ✓ MediCal; ✓ Healthy Start models. <p>Outcomes:</p> <ul style="list-style-type: none"> ✓ More families without employer-based health insurance will have access to health insurance for their young children. 	<p>Minimum cost to cover staff time and training costs in enrollment procedures.</p> <p>Additional costs of outreach in community.</p>	<p>✓ Not aware of any business that is involved with enrolling employees in these low cost health insurance plans.</p>	<ul style="list-style-type: none"> ✓ Recent push to enroll families in low cost health insurance programs for low-income families. ✓ Initial enrollment forms were very long and complicated, have since been simplified. ✓ Non-English speaking families concerned about signing up because of concerns about impact on eligibility for citizenship/permanent residency. ✓ Only young children eligible at this time, but proposal to make parents and other family members eligible as well.

HEALTH

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Programs for supporting and assisting children and families of children with serious or chronic illness (See Appendix B18): <ul style="list-style-type: none"> ✓ Training of pediatricians and medical staff on social/emotional issues with young children. <p>Outcomes:</p> <ul style="list-style-type: none"> ✓ Better support provided to family potentially in crisis; ✓ Potentially better delivery of medical care. 		<ul style="list-style-type: none"> ✓ Easter Seals Society for the Redwood Coast ✓ Redwood Coast Regional Center ✓ SELPA ✓ Public Health 	<ul style="list-style-type: none"> ✓ Courses not required in medical training. ✓ Ronald McDonald House ✓ Mills College Child Life Specialist degree – hired by pediatric units of hospitals to work with parents of chronically ill children around child development, social/emotional issues. Many of these positions have been cut back due to lack of funding. ✓ Drew Post Graduate Medical School, Watts section of Los Angeles (Vivian Weinstein model) – teaching courses in social/emotional development of children, course not required. ✓ Sonoma County Kaiser Hospital staff training model – Brazelton Touchpoints

TRANSPORTATION

EXAMPLE BEST PRACTICE FEATURES & OUTCOMES	APP. COST & LEVERAGING POTENTIAL	EXISTING STRUCTURE	
		LAKE COUNTY	OTHER
<ul style="list-style-type: none"> • Programs providing off fixed route transportation to dental and/or clinic appointments, or child care (See Appendix B19): ✓ Purchase of van by service provider for use in the community. • Programs providing vouchers to pay for existing transportation options to dental and/or clinic appointments, or child care <p>Outcomes:</p> <ul style="list-style-type: none"> ✓ Better access to services for families and children. ✓ Fewer missed appointments. 	Cost of van and operations	<ul style="list-style-type: none"> ✓ Lakeside Community Services van purchased by Delta Dental ✓ USC-Delta Dental Van comes once a year and provides services for 100 children ✓ Voucher programs used by drug and alcohol services. ✓ Verna Morris Memorial Fund- parents of special need children pay \$50/yr. for transportation to out of county appointments. 	<ul style="list-style-type: none"> ✓ VanGo (operated by The Volunteer Center of Napa) providing on-call transportation to the region's disabled and elderly at discounted rates. ✓ City of Napa operates the Napa Valley RIDELINE. The toll free service provides schedule and information regarding local transit and sends out schedules and customized trip planning materials. ✓ Napa Taxi services to the elderly and disabled in Napa, Yountville and a portion of the County. Eligible users may purchase scrip, which provides a reduced cost fare.

VI. Infrastructure Strategies

Three major areas were addressed in developing infrastructure strategies:

- Fiscal Allocation and Management
- Request for Proposal Process
- Commission Roles, Committee Structure and Staffing

A. Fiscal Allocation and Management

The goal of the Commission's fiscal allocation and management strategy is to provide stable ongoing funding, adjusted for inflation and cost increases, sustained over time.

Several allocation scenarios were evaluated, however, with this goal in mind, the Commission adopted the recommendations that:

- Program funding available to the community should remain at a fixed level adjusted for inflation and cost increases; and
- Administrative funds should be allocated to support the operations of the Commission and its staff.

Program Funding

The Commission developed two types of funding with allocations to each area:

- Program and Planning Funds – At least 80% of total program funds to be allocated to the Community (exclusive of administrative funding);
- Special Commission Projects – Up to 20% of total program funds to be allocated to the community (exclusive of administrative funding);

Further description of these funding areas is provided in the discussion on the Request for Proposal Process.

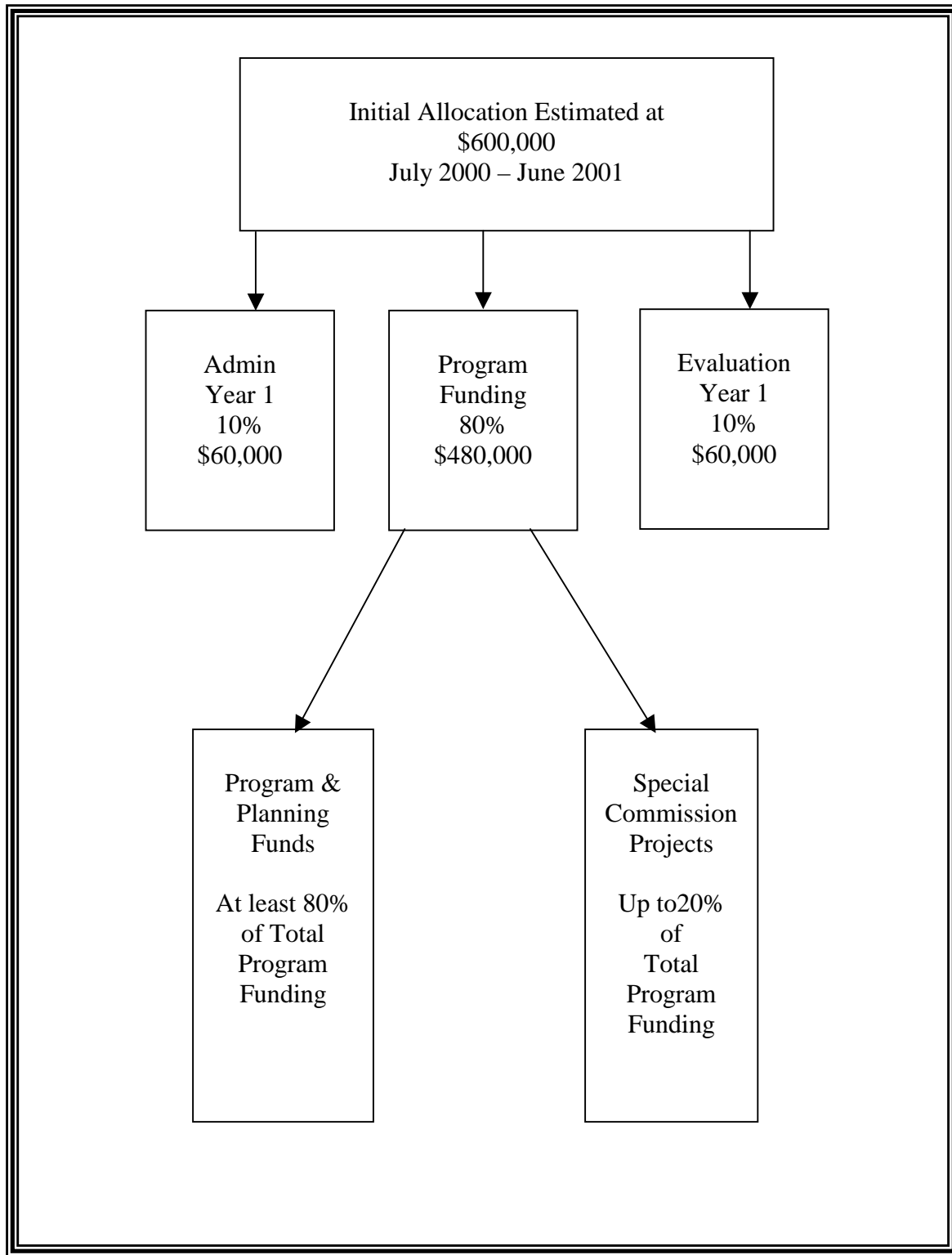
Leveraging and/or Matching Funds

The opportunity to leverage of local, state and federal funds with the Commission funds was identified as a key goal. There are a number of opportunities for this type of leveraging:

- Strengthening funding already available to Lake County;
- Bringing new funding to the county to support community programs; and
- Developing strong community partnerships.

Additional work will need to be done to identify specific leveraged funding opportunities, however, it appears to be a promising strategy to enhance available funding to the county. The Commission may set aside a portion of the current accumulated funds to support longer term, larger projects, collaborative efforts, or one-time expenditures.

Lake County Children and Families Commission Fund Allocation Strategy



B. Request for Proposal Process

The Commission will conduct a Request for Proposal (RFP) process asking for specific program strategies and activities with impacts that support the desired outcomes in the strategic plan. The Commission's requests for proposals (RFP) will present enough specificity to generate proposals that meet the desired outcomes of the plan, but will be flexible enough to encourage a range of proposals. In some cases, the Commission will be specific in the approach they want to fund and in others, will encourage a wide range of approaches to be proposed.

The Commission will issue RFP's to the community at least one time per year depending on the Commission's funding plans and status of currently funded programs. A Letter of Intent (LOI) may be requested in order to assess interest from the community.

Proposals will be reviewed by a committee of experts selected by the Commission. Recommendations for funding will be made by staff (or consultants) to the Commission based on the committee's review. The Commission will decide on those programs to be funded, the amount to be funded and the length of that funding. Based on the requirements in the Act, the Commission will develop a mechanism to assure against replacement of currently available funding.

The goal of the Commission is to reach into the community to fund both new and existing programs. Planning grants will be accepted. A bidder's conference will be offered and technical assistance will be made available to agencies or groups of agencies that require additional support to be able to submit a competitive proposal. The Commission will develop approaches to providing this technical assistance.

The Commission's intent is to be proactive in building community capacity for service integration and agency collaboration while ensuring a fair competitive process. County Council will be consulted as needed to reduce concerns about conflict of interest in the review and award of contracts that may occur in a small county like Lake.

Additional details of the RFP process follow:

Request for Proposal Process and Technical Assistance

- ✓ Request for Proposals (RFP) to the community at least one time per year;
- ✓ Letter of Intent (LOI) required;
- ✓ Bidder's conferences and other technical assistance for the community;
- ✓ Independent review committee to review proposals and make recommendations of programs to be funded;
- ✓ Funding decisions by the Commission.

Types of Grants and Allocation of Funds

✓ **Program and Planning Grants:**

- Program implementation grants;
- Planning grants for community capacity building;
- Data development projects;
- Guidelines for small equipment/tools purchase; and
- Guidelines for maximum administrative costs allowable.
- Matching Funds to allow agencies requiring a local match to leverage available funds.

✓ **Special Commission Projects:**

- One time only projects;
- Large equipment, bus or building capital outlay;
- Funding for projects designed and managed by the Commission; and
- May include but are not limited to projects related to data development, evaluation, media/community education, special events, technical assistance, service integration, web-site information systems, etc.
- Mini Grants, small grants for emergencies or small projects.

Financial Terms

- ✓ Eligible entities for funding: 501(c)3 and for-profit organizations, or public agencies;
- ✓ An eligible fiscal sponsor required for non-incorporated groups.

Length of Grants

- ✓ One-time only;
- ✓ One year; and
- ✓ Multi-year – number of years to be decided on case by case basis.

Contract Elements

- ✓ Financial audits;
- ✓ Assurance that Commission funds will not take the place of other project funds;
- ✓ Continued funding based on funds available, program impacts and outcomes;
- ✓ Assurance that the funded agency will participate in and contribute to the overall evaluation process of the Commission, funded through the Commission's grant; and

Reporting Requirements

- ✓ Monthly invoices;
- ✓ Advance payment system in place for use if appropriate;
- ✓ Quarterly Reports;
- ✓ Annual site visit (Staff and Commissioners as desired);
- ✓ Presentations to Commission and/or any Advisory Committees; and
- ✓ Final report.

C. Commission Function, Committee Structure and Staffing

There are currently five Commissioners seated on the Lake County Children and Families Commission, and the Commission intends to maintain this size at this time. The Commission is considering possible expansion of its size in the future.

Proposed Commission Workplan

- ✓ Promotes and assures community involvement in Prop 10 planning and implementation activities;
- ✓ Oversees strategic plan development and annual plan revisions;
- ✓ Administers RFP process and allocates Prop 10 resources;
- ✓ Oversees administration of Prop 10 revenues and investments;
- ✓ Monitors performance and outcome data to assure program effectiveness and progress against desired outcomes;
- ✓ Assures compliance with State reporting and planning guidelines; and
- ✓ Oversees public information, education, training and technical assistance activities and special projects as needed to support plan goals and desired outcomes.

Proposed Commission Calendar

- ✓ Meetings: Monthly, except December and July
- ✓ Planning/reporting cycle:
 - July-Sept: Conduct and prepare annual program and financial audit (due 10/15)
 - Nov - Dec: Prepare and publish annual report
 - Dec – Mar: Conduct annual strategic plan review
 - April: Finalize and submit revised strategic plan
- ✓ The administrative budget for the Commission is expected to be in the range of approximately 10% of total fiscal year funds available to the Commission. Staff position(s) need to be developed to support the future activities of the Commission.

Administrative and Staffing Roles

- Provides primary staff support to the Children and Families Commission and its committees;
- Represents Commission to and coordinates liaison with State Commission;
- Oversees Commission's communications and public relations activities;
- Coordinates on-going strategic planning activities;
- Acts as liaison with County and community-based programs;
- Monitors and evaluates legislation for impact on Commission functioning;
- Acts as project director on Commission's special projects;
- Prepares and/or coordinates preparation of required progress reports, audits and other mandated reports;
- Provides oversight to Commission's RFP and contracting processes;

- Administers contract compliance monitoring systems;
- Oversees program performance and outcome evaluation activities;
- Assists with needs assessment and other data collection activities;
- Coordinates technical assistance functions;
- Develops and updates evaluation component of strategic plan;
- Participates in production of Board reports, annual reports and other reports as required by the Commission;
- Supervises clerical support to Commission staff including document preparation, mailings, desktop publishing, filing, record-keeping, maintenance of Commission databases and official records, meeting minutes and calendars.
- Prepares budgets and budget amendments;
- Develops data for financial reporting and forecasting;
- Reviews contracts for financial compliance;
- Reviews and prepares financial resolutions;
- Acts as liaison to County Auditor's office;
- Assures compliance with legislation and policies;
- Coordinates annual audit

VII. Evaluation Strategies

Evaluation is a critical component of the Lake County Children and Families strategic plan. Evaluation is an essential tool in establishing the intended results of the Commission's work; reviewing progress toward achieving the goals, objectives and desired outcomes in the plan; and assessing the effectiveness of the funding allocation decisions.

Goals for the evaluation process are to:

- **Provide an outside assessment of the Commission's overall impact on the status of children 0-5 in Lake County;**
- **Provide an outside assessment of the effectiveness of specific Commission funding decisions;**
- **Provide tools for an outside assessment of specific Commission funded programs;**
- **Provide tools for self-assessment by funded programs and groups;**
- **Provide tools for self-assessment of affected groups, communities, and/or neighborhoods; and**
- **Involve community members in the assessment process to continue to engage the community in supporting the healthy development of children.**

The Commission's plan for evaluation will need to combine the state requirements for assessing the impact of services from an outcomes perspective with the Commission's need to establish process measures and build local capacity to measure outcomes.

Evaluation Outline

Goals for Evaluation Process:

- **Measuring Change**
- **Building Community Capacity**

Evaluation Framework:

- **Individual children and families**
- **Service Providers**
- **Community**

Evaluation Approaches:

- **Service provider reports**
- **Service provider self-assessments**
- **Monitoring community indicators**
- **Community and service user surveys**

Also to be included in the Evaluation Plan will be a description of the level of technical assistance to be provided to funded agencies around the evaluation process and how agencies will be funded to participate in the evaluation process.

Technical Assistance for Funding Proposal Development

As part of the Request for Proposal (RFP) process, agencies will be provided technical assistance to enable their program proposals to address the following three areas related to program evaluation, program impact and service integration:

✓ Program Evaluation

- Strategy development;
- Identification of techniques to be adopted;
- Selection of phases of program to be evaluated;
- Use of available and new data elements;

- Frequency of monitoring;
 - Methods of self-evaluation between participating agencies; and
 - Use of outside evaluator.
- ✓ **Description of Program Impact**
- Identifying changes that will take place in the community or with the target population if the program/project is funded;
 - Developing a timeline for these changes (for example, what will change in the first year, what will change in later years, how will these changes be sustained);
 - Relating this description back to the Commission's desired outcomes.
- ✓ **Service Integration and Interagency Coordination**
- Describing the organization's working relationships with other organizations and individuals in the community working with similar populations, working to meet the same or similar needs, providing similar services, or achieving similar outcomes;
 - Describing your organization's vision of an effective service system;
 - Answering the question, "How do your current working relationships with other organizations and individuals in the community support this vision?";
 - Answering the question, "How does your proposed project support this vision?"; and
 - Answering the question, "If additional resources or assistance were provided, what additional steps could be taken in the context of your workplan to improve the service system?"

VIII. Conclusions

The Lake County Children and Families Commission has undergone a thorough countywide effort to involve the community in planning for the local implementation of the statewide *Children and Families Act of 1998*.

Through this document, the Commission is submitting its current version of Lake County's Strategic Plan to the State Children and Families Commission. As required in the Act, this plan will undergo yearly review and revisions. The Commission plans to continue to focus its efforts on:

- Assessing the effectiveness of funded programs.
- Evaluating the Commission's impact on community-wide outcomes.
- Developing information to support future planning efforts.
- Refining programs and services over time.

It is anticipated that the fiscal year 2000-2001 RFP process will be implemented this summer with funding to the community anticipated in the fall 2000.

The goals and objectives discussed in this plan are indicated for a one year planning period, however, the Commission sees these as part of their long term vision for Lake County. The Lake County Commission will continue to work within the community on the issues following the vision and mission developed at the beginning of this strategic planning process.

Appendix A

**Sampling of
Current Programs and Services in Lake County**

Child Care and Development

There are over 100 licensed/regulated child care providers and many exempt providers offering services. More information is available by calling NCO Rural Communities Child Care Resource & Referral Agency at 263-4688 or 994-4647.

The following are publicly funded programs to provide child care and development.

North Coast Opportunities/Head Start Program

Head Start serves low-income families targeting 3 and 4 year old children. It is a developmental enrichment program offered in a preschool setting for 3 1/2 hours per day.

There are four centers: one in Upper Lake, one in Lakeport, and two in Clearlake. Currently serving approximately 120 children.

Sutter Lakeside Community Services, Early Head Start Program

Early Head Start provides both home and center-based child development services to low income families with very young children (0-3). Participating families receive comprehensive services including nutrition, health, education, and social services. One center in Lakeport serving up to 50 families.

State Preschool Program, Lake County Office of Education

The program offers half-day comprehensive developmental programs for three to five year old children from low-income families. Parent education and involvement are emphasized. The program also includes health, nutrition, and social service components.

Currently serves approximately 225 children.

North Coast Opportunities/Child Development Center

Provides licensed full-day child care for low income families with children aged 2 years through kindergarten age. One center located in Lower Lake licensed to serve 27 children.

Other Child Development Centers

Offer high quality, developmental child care for infants, toddlers and children ages 3 to 4.

Carle Child Development Program – (birth to 36 months) licensed for 30 children

Mendo-Lake College Child Development Program – licensed for 6 infants, 12 toddlers

Yuba College Child Development Program – (3-4 year olds) licensed for 28 children

Early Start – Redwood Coast Regional Center, Lake County Special Education Local Planning Area (SELPA), Department of Health Services, Family Resource Center

A multi-agency approach to provide support and services for infants and toddlers (birth to three) who may have delays in their development or are at risk for future delays. Families and professionals work together to in formulating a Family Service Plan regarding outcomes and services.

Parent Support and Education

Community & Family Network (The NET)

Offer parent education and support through a variety of programs that they administer including Healthy Start, Lake County Cal-SAHF, Family Resource Centers, and Great Beginnings.

Sutter Lakeside Community Services

Offer parent education and support through many of the programs they offer including Teen Parenting, Families and Children Together (FACT), Parent and Child Education (PACE), Family Preservation and Support Program, and Early Head Start.

Inter-tribal Council of California

The Community Challenge Program provides prevention and education programs for parents.

Lake County Community Action Agency

Offers a variety of services including rental assistance, emergency aid, clothing and food.

Women, Infant & Children Program (WIC)

WIC is a nutrition program for low-income women and children to age 5 years. Education, support groups, and counseling are also available.

Health

Lake County Health Department

Offer many programs for children and families including:

Dental Disease Prevention Program – offered to any classroom pre-school through sixth grade, Child Health & Disability Prevention Program – complete health screenings and referrals for income eligible clients, Maternal, Child, Adolescent Health (MCAH), California Childrens Services (CCS), Immunization Program, Childhood Injury Prevention Program and the Comprehensive Perinatal Services Program.

Lake County Mental Health

Offer a number of programs for qualified adults and children who are experiencing serious mental illness or emotional disturbance.

Lake County Tribal Health

Offer a wide range of medical programs for Native Americans: health screenings, dental care, WIC referrals, immunizations, mental health services, and substance abuse counseling.

Redwood Coast Regional Center

Early intervention services such as prevention, resource coordination, diagnostic services, resource development and advocacy for children (0-3) who are or are at-risk of developmental delays.

SELPA – Special Education Local Plan Area

Early intervention services such as prevention, resource coordination, diagnostic services, resource development and advocacy for children who have low incidence disabilities and related developmental delays.

Easter Seals Society for the Redwood Coast

Provide developmental assessments to infants and toddlers who show signs of development delay. Provide one-on-one assistance to work with infants who have a significant serious illness and/or birth defect. Have an early intervention program to work with infants and their families.

Lakeside Health Clinic

Offers a full range of health services including dental services.

Sutter Lakeside Hospital – Women's Health Services

Have OB/GYN services, a family Birth Center and Comprehensive Maternity Care as well as family health education services.

Appendix B

Contact Information Best Practices

<i>Priority</i>	<i>Reference</i>	<i>Contact Information</i>	
		<i>Name</i>	<i>Phone</i>
<i>Child Care and Early Childhood Education</i>	<i>B1</i>	<i>Jim Stockinger, Statewide CARES</i>	<i>510-653-0661</i>
		<i>Joe Wilson, Coleman Advocates</i>	<i>415-239-0161</i>
		<i>Susie Shupe, Director, Family Action of Sonoma County</i>	<i>707-586-3032</i>
		<i>Rory Darrah, Alameda County Child Development Corps</i>	<i>510-308-9630</i>
	<i>B2</i>	<i>Judy Schwartz, Marin County Jewish Family & Children's Services</i>	<i>800-972-9225</i>
		<i>Grace Manning Orenstein, The Link to Children</i>	<i>510-247-2411</i>
		<i>Lenore Thompson, Contra Costa County</i>	<i>510-845-2748</i>
	<i>B3</i>	<i>Stan Seiderman, Director, Fairfax-San Anselmo Children's Center</i>	<i>415-454-1811</i>
		<i>Lisa Lee, Director, Parent Services Project</i>	<i>415-454-1870</i>
	<i>B4</i>	<i>BANANAS, Inc., Child Care Resource & Referral Agency for Alameda County</i>	<i>510-658-7101</i>
	<i>B5</i>	<i>Ken Jaffe, ICRI/Family Day Care Support Network</i>	<i>510-644-1000</i>

	B6	<i>Mildly Ill Child Care, Stan Seiderman, Director, Fairfax-San Anselmo Children's Center</i>	<i>415-454-1811</i> <i>650-340-1289</i>
	B7	<i>Ken Jaffe, ICRI</i>	<i>510-644-1000</i>
	B8	<i>Ken Jaffe, ICRI</i>	<i>510-644-1000</i>
	B9	<i>Ken Jaffe, ICRI</i>	<i>510-644-1000</i>
<i>Parent Support and Education</i>	B10	<i>Robin Bowen, California Parenting Institute, Santa Rosa</i>	<i>707-585-6108</i>
		<i>Jeanne Bowman, MATRIX, Sonoma County</i>	<i>707-586-3314</i>
	B11	<i>Carla Glasbrener, Staff, Sonoma County Children & Families Commission</i>	<i>707-565-6653</i>
	B12	<i>Ken Jaffe, ICRI</i>	<i>510-644-1000</i>
	B13	<i>Pregnancy to Parenthood Family Center, Marin County</i>	<i>415-456-6466</i>
	B14	<i>Cindy Keltner, Statewide Proposition 10 Public Education Campaign and Technical Assistance Center</i>	<i>916-329-9009</i>
<i>Health Care</i>	B15	<i>Kim Johnson, Child Care Coordinator, Solano County</i>	<i>707-421-7228</i>
	B16	<i>Bette Perez, United Way of Sonoma County</i>	<i>707-528-4483</i>
	B17	<i>Sharon Oman, Health and Human Services, Sonoma County</i>	<i>707-565-4633</i>
	B18	<i>Ken Jaffe, ICRI</i>	<i>510-644-1000</i>
	B19	<i>VAN-GO, Volunteer Center of Napa County</i>	<i>707-252-6222</i>